

Tarrant County College Scholarship Application

Applicant Information (please print)			
Name:			
Date of birth:		Phone:	
Current address:			
City:	State:	ZIP Code:	
Email Address:	Semester (one semester per application)		
Programs: Child Development, AAS After School Provider Preschool Child Care Provider Child Care Administration			
Employment Information (please print)			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Point of Contact:		
Emergency Contact (please print)			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
<p>If selected:</p> <ul style="list-style-type: none"> I agree to complete an institute session of higher education. I understand I must be working 30 hours or more at a Texas Rising Star site. I understand I must take classes during non-working hours so that class will not interfere with my job. I agree to meet program attendance requirements for the completion of the educational session, utilizing quality enhancement funding under this agreement. I agree to assume responsibility for the recoupment of monies if I drop, withdraw, or fail a class. I agree to submit an unofficial transcript at the end of each semester with final grades updated. Upload Grades to the www.tarrantcountyccms.org/home/provider-portal/ each semester Upload application to www.tarrantcountyccms.org/home/provider-portal/ each semester I agree to renew my scholarship application each semester. I agree to purchase used textbooks when available. I agree to complete the class(es) that I am enrolled in and complete the class(es) with a passing grade C or above. I agree to report changes in employment immediately to: www.tarrantcountyccms.org/home/provider-portal/ or fax: 817.533.7098 Attn: Program Support. I agree to submit a copy of the completed certificate or transcript at the end of the semester. 			
Signature of Student			Date:
Signature of Director:			Date:

APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR THIS QUALITY FUNDING. SUBMITTING THIS APPLICATION DOES NOT GUARANTEE APPROVAL FOR QUALITY FUNDING. QUALITY FUNDING IS BASED ON AVAILABILITY.

CCMS Provider Agreement

Texas Rising Star Program Information (please print)

Name:		
Current address:		
City:	State:	ZIP Code:
Email Address:	Semester: (one application per semester)	
Phone Number:		
Director Name:		

If selected the Provider agrees to:

- Allow staff to participate to attend an institute session of higher education.

Staff First Name (please print)	Staff Last Name (please print)
Courses Enrolled	

- Understands that this opportunity is being provided through the utilization of quality enhancement funding under this agreement.
- Understands that the staff must be working more than 30 hours per week.
- Understands that the staff must attend classes during non-working hours unless a lab and or field experience is required during working hours.
- Allow staff to complete the required lab school or field experience needed to complete the class(es).
- Provide a substitute caregiver when staff has lab school or field experience (as needed. CCMS will only reimburse the provider for substitute care during working hours that the staff attended a lab and/or field requirement.
- Submit request for reimbursement by the 30th day from the date of substitute and will have supporting proof of payment attached to obtain the substitute reimbursement.
- Submit any changes of employment for your staff selected to participate in this opportunity to: www.tarrantcountyccms.org/home/provider-portal/ or fax: 817.533.7098 Attn: Program Support.

Signature of Director:	Date:
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